

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

PART OF PUBLIC HEALTH AND WELFARE

-62-006562

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 7 1962

1074

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN KANSAS CITYLength of stay in 1b
20 YEARSc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 4414 CAMBELL STREETInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR
TOWN KANSAS CITYInside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

3945 FOREST AVENUE

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
NUGENTMiddle
CLast
JOHNSON4. DATE
OF
DEATH

FEBRUARY 20th 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8/11/04

9. AGE (last birthday)

54 57

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
if not last 12 months, give life, even if retired)

STOCK CLERK

10b. KIND OF BUSINESS OR INDUSTRY

SAFETY STORES

11. BIRTHPLACE (City and state or country)

JAMESTOWN MISSOURI

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

SNEILING. ROBERT JOHNSON

13b. MOTHER'S MAIDEN NAME

CORRINE GAMM

14. NAME OF HUSBAND OR WIFE

EDNA. C. JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
NO NONE

17. INFORMANT'S ADDRESS

4909 BROADWAY
CHARLOTTE JOHNSON KANSAS CITY MO18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY8:18 - 18
a.m. - 18
p.m. 2-17-62

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Shooting his wife & wife

20f. CITY, TOWN, OR LOCATION

Kansas City Jackson MO

COUNTY

JACKSON

STATE

MO

21. I attended the deceased from

to

and last saw her alive on

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL INFORMATION,
REMOVAL (Specify)

Burial

23b. DATE

Feb. 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

Kansas City Missouri

24. FUNERAL DIRECTOR

D.W. Newcomer's Sons Kansas City Mo

25. DATE RECD. BY LOCAL REG.

2-22-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

INSTEAD OF

DATE AMENDED

20b shot himself after shooting ex-wife-shot himself after shooting wife

20c Feb. 18, 1962

Feb. 17, 1962

2-28-62

23c Floral Hills

Memorial Park

2-26-62

BY AFFIDAVIT OF Coroner & Informant DOCUMENT

H. Owens MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Raymond M. Hardy

Licensed Embalmer No. *4913*

P. O. Address *Indep. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.